TS 217 (06/06/05)



APPLICATION FOR FUELS TAX REFUND FOR FUEL USED IN BOATS OR WATERCRAFT

Purpose: Use this form to apply for a fuels tax refund on fuel used in boats or watercraft. Receipts/tickets must be

in the name of the applicant applying for the refund in order to be eligible.

Instructions:

TYPE CODE

Follow the instructions on the reverse side of this form to complete the application. Mail the completed application and supporting documents to Tax Services Refund Section at the address on the back (in Item 10) of the instructions. Incomplete applications or applications without the required supporting documents may not be processed.

documents may not be processed.							
APPLICANT INFORMATION							
FULL LEGAL NAME (last)	(first)	(mi)	(suffix	()	SOCIAL SECURI	ITY NUMBER C	R FEIN
ADDRESS			CITY			STATE	ZIP CODE
EARLIEST DATE OF ATTACHED INVOICES (mm/dd/yyyy)			LATEST DATE OF ATTACHED INVOICES (mm/dd/yyyy)				
Do you have a bulk fuel storage tank(s)?							
Is this boat validly registered with the Virginia Game and Inland Fisheries? Yes No If no, attach a copy of the boat registration/certificate.							
USE: Check each that applies.			TOTAL GALLONS USED				
Recreational and Pleasure	Boats		Diesel		Gasoline		Other
BOAT REGISTRATION NUMBER(S)		_					
Commercial Fishing			Diesel		Gasoline		Other
_							
☐ Fishing ☐ Clamming							
☐ Crabbing ☐ Oystering							
BOAT REGISTRATION NUMBER(S)							
☐ Commercial Watercraft			Diesel		Gasoline		Other
☐ Charter ☐ Ferry	☐ Construction						
☐ Water Taxi ☐ Other							
BOAT REGISTRATION NUMBER(S)							
I certify that I have read this application and know its contents and that all information herein is true and accurate. I affirm that all enclosed invoices, tickets, and receipts have been paid in full and that they have not been altered or furnished to support a prior fuel tax refund application in Virginia or elsewhere. I understand that it is unlawful to knowingly make a false statement on the application or to submit a false receipt(s), invoice(s), or ticket(s) and that any violation may be prosecuted as a Class 5 Felony Virginia Code (§§18.2-434 and 46.2-105). AUTHORIZED SIGNATURE DATE (mm/dd/yyyy)							
TELEPHONE NUMBER FAX NUM		EMAIL	•				
DMV USE ONLY							
TYPE CODE							
TYPE CODE							

INSTRUCTIONS

- 1. Complete the areas for name, social security number or FEIN, and invoice dates.
- 2. Answer the questions regarding bulk fuel storage. Attach a fuel disbursement list, if applicable, identifying date, number of gallons and the vehicle/equipment/watercraft fuel in which the fuel was used.
- 3. Enter boat owner's name. If your boat is not registered with the Virginia Department of Game and Inland Fisheries, include a copy of the boat registration or certificate.
- 4. Check the box(es) applicable to your boat/watercraft use. Write the registration number(s) or certificate number(s) for the boat(s)/watercraft in which this fuel was used.
- 5. Write the number of gallons for each type of fuel used.
- 6. Attach invoices/tickets/receipts for fuel purchased in Virginia in amounts of 5 gallons or more.
- 7. Invoices/tickets/receipts to support the refund application must have a date no more than twelve (12) months from the date the refund application is received at DMV. The postmark date determines the date DMV received the application.
- 8. Invoices/tickets/receipts must meet the following requirements:
 - The purchaser's name must be on each invoice/ticket/receipt.
 - The name of purchaser must be the same as the name on the refund application.
 - Photocopies of tickets or receipts from metered pumps will not be accepted.
 - Indicate the exact date of purchase (month/day/year).
 - Include the number of gallons and type of fuel purchased.
 - Show the amount paid for the fuel.
 - Include the seller's name and location.
 - Be sure invoice/ticket/receipt is readable. Illegible, altered or duplicate invoices/tickets/receipts will not be refunded.
 - Invoices/tickets/receipts in date order.
- 9. Read the certification section and if you agree with the certification statement, sign the refund application and include your contact information.

10. Mail your completed application and supporting documents to: Department of Motor Vehicles

Tax Services Refund Section

P O Box 27422

Richmond, VA 23269-7422

11. Contact Information: (804) 367-0304 or (804) 367-0683

(800) 272-9268 (deaf or hearing impaired only)

www.dmvNOW.com